## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/573070 APPLICANT(S)

FILING DATE

## **CLAIMS**

|                 | AS FILED     |          | AFTER 1"AMENDMENT |          | AFTER 2 MAMENDMENT |           |
|-----------------|--------------|----------|-------------------|----------|--------------------|-----------|
|                 | IND.         | DEP.     | IND.              | DEP.     | IND.               | DEP.      |
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| TOTAL IND.      |              | <b>+</b> | 3                 | +        |                    | 1         |
| TOTAL DEP.      |              | <b>(</b> | フ                 | <b>+</b> |                    | <b>(=</b> |
| TOTAL<br>CLAIMS |              |          | 10                |          |                    |           |

PTO - 1360 (REV. 11/04)

|   | AFTER 2 "AMENDMENT |  |
|---|--------------------|--|
| 51       52         53       54         55       56         57       58         59       60         61       62         63       64         65       66         67       68         69       70         71       72         73       74         75       76         77       78       | DEP.               |  |
| 53         54         55         56         57         58         59         60         61         62         63         64         65         66         67         68         69         70         71         72         73         74         75         76         77         78 |                    |  |
| 54         55         56         57         58         59         60         61         62         63         64         65         66         67         68         69         70         71         72         73         74         75         76         77         78            |                    |  |
| 55         56         57         58         59         60         61         62         63         64         65         66         67         68         69         70         71         72         73         74         75         76         77         78                       |                    |  |
| 56       57         58       59         60       61         61       62         63       64         65       66         67       68         69       70         71       72         73       74         75       76         77       78   |                    |  |
| 57         58         59         60         61         62         63         64         65         66         67         68         69         70         71         72         73         74         75         76         77         78   |                    |  |
| 58         59         60         61         62         63         64         65         66         67         68         69         70         71         72         73         74         75         76         77         78  |                    |  |
| 59       60         61       62         63       64         65       66         67       68         69       70         71       72         73       74         75       76         77       78   |                    |  |
| 60<br>61<br>62<br>63<br>64<br>65<br>66<br>67<br>68<br>69<br>70<br>71<br>72<br>73<br>74<br>75<br>76<br>77<br>78  |                    |  |
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| 63<br>64<br>65<br>66<br>67<br>68<br>69<br>70<br>71<br>72<br>73<br>74<br>75<br>76<br>77<br>78  |                    |  |
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| TOTAL IND.  | ₽                  |  |
| TOTAL DEP.  |                    |  |
| TOTAL<br>CLAIMS   |                    |  |
| U.S. DEPARTMENT of COMMERCE   |                    |  |

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